

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision
--	---

3. Date Received: 4. Applicant Identifier: NSP2 Application ID 374668664

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
--------------------------------	--------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

*a. Legal Name: City of Columbus

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>31-6400223</u>	*c. Organizational DUNS: <u>051369916</u>
---	--

d. Address:

*Street 1:	<u>50 W. Gay Street</u>
Street 2:	_____
*City:	<u>Columbus</u>
County:	<u>Franklin</u>
*State:	<u>Ohio</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>43215-2821</u>

e. Organizational Unit:

Department Name: <u>Department of Development</u>	Division Name: <u>Housing Division</u>
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <u>Ms</u>	*First Name: <u>Rita</u>
Middle Name: _____	
*Last Name: <u>Parise</u>	
Suffix: _____	

Title: Housing Division Administrator

Organizational Affiliation:

*Telephone Number: 614-645-5818

Fax Number:

*Email: rrparise@columbus.gov

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Municipal

***10 Name of Federal Agency:** U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.256

CFDA Title:

Neighborhood Stabilization Program (Recovery Act Funded)

***12 Funding Opportunity Number:**

FR-5321-C-01

*Title:

Neighborhood Stabilization Program 2

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Columbus, Ohio and Franklin County, Ohio

***15. Descriptive Title of Applicant's Project:**

Targeted assistance to acquire, demolish and redevelop vacant, abandoned and foreclosed properties that might otherwise become sources of destabilization and blight.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: OH-007; OH-012; OH-015

*b. Program/Project: OH-007; OH-012; OH-015

17. Proposed Project:

*a. Start Date: January 4, 2010

*b. End Date: January 3, 2013

18. Estimated Funding (\$):

*a. Federal	\$64,775,385
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$64,775,385

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)


☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr.
Middle Name: B.
*Last Name: Coleman

*First Name: Michael

Suffix: _____	
*Title: Mayor, City of Columbus	
*Telephone Number: 614-645-5818	Fax Number: _____
* Email: MBColeman@columbus.gov	
*Signature of Authorized Representative: 	*Date Signed: 07/14/09

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102